



St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Application for Tattoo and/or Body Piercing, Practitioner, Temporary Practitioner and Apprentice

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-Mail: _____

Name of Tattoo Facility where employed: _____

Tattoo & Body Piercing Practitioner: _____ Tattoo Practitioner: _____ Body Piercing Practitioner: _____

Tattoo & Body Piercing Temporary: _____ Tattoo Temporary: _____ Body Piercing Temporary: _____

Tattoo & Body Piercing Apprentice: _____ Tattoo Apprentice: _____ Body Piercing Apprentice: _____

If the Applicant is an Apprentice, a Mentor's Name and Signature are required!

Printed Name of Applicant / Date

Signature of Applicant / Date

Mentor's Printed Name / Date

Mentor's Signature / Date

For Office Use Only!

Practitioner and Apprentice Information

1. Copy of the applicant's driver's license? Yes _____ No _____
2. Copy of a certified birth certificate, proving the applicant is at least 21 years of age? Yes _____ No _____
3. Provided High School Diploma or certificate of GED? Yes _____ No _____
4. Documentation provided of professional certification, associations, or memberships relevant by the above-mentioned Ordinance? Yes _____ No _____
5. Documentation provided of all work/training experience including dates, addresses, telephone numbers, and supervisors' names? Yes _____ No _____
6. A statement provided by a medical physician dated within 30 days preceding the date of the application stating that the applicant is free of any communicable disease? Yes _____ No _____
7. Provided documentation of blood-borne pathogen training? Yes _____ No _____
8. **If an Apprentice**, provided documentation of Mentor's valid St. Joseph County Department of Health Tattoo and/or Body Piercing Permit? Yes _____ No _____

EHS Signature: _____ Approved / Disapproved Date: _____

For Office Use Only!

Transaction #: _____ S/R Permit #: _____ Amount Paid: _____ Employee's Initials: _____

List all previous employment where services rendered were related to this field, (attach additional sheets if necessary).

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone Number: _____

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone Number: _____

Dates: _____

Company: _____

Address: _____

City, State, Zip: _____

Supervisor: _____

Telephone Number: _____

Dates: _____

Company: _____

Address: _____

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